

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 109494

November-21-13 2:29:54 PM

109494

Page 2

Item ID: 647.0310 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Channel
 Start Date: 11/21/13 Start Qty: 4.00 ***4*** Cust Item ID:
 Required Date: 11/21/13 Req'd Qty: 4.00 ***4*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC	Memo	0.00							
Quality Control									
130	QC8- Inspect parts - second check	0.00							
130									
QC	Memo	0.00							
Quality Control									
140	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
140									
Outsource4	Memo	0.00							
Outsource process - Anodize	Issue P/O to ATG : <u>22290</u>								
	1- Black Anodize as per Dwg 647.0300								
	2- PRIME AS PER DWG, SEE NOTE #2								
	Certification of Conformity is required								

JFC 2013-11-26

4

0

B.A 13/11/26

4

DAS
08
8-89

CZ 13/12/04 (4)

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FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
		<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

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Page: 3

Stop *NR2*

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

4x : 13-12-30
89

4 MWA 14.01.14

4x **DAS** 14-01-14
28
32

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FAULT CATEGORY

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Work Order ID 109494

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109494

Page 4

Item ID: 647.0310

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Channel

Start Date: 11/21/13

Start Qty: 4.00

4

Cust Item ID:

Required Date: 11/21/13

Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start ***NR1***

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

190

QC

Memo

0.00

Quality Control

14-01-1514-01-14

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Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

Page 1

November-21-13 2:29:54 PM

Work Order ID: 109494

Parent Item: 647.0310

Parent Item Name: Channel

Start Date: 11/21/13

Required Date: 11/21/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV: A NEW ISSUE 12/09/18 JFS VERIFY BY DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B1.250X2.000		Purchased	No			100	f	5.9060	0.669	2.816842			
7075-T6 BAR 1.250" X 2.000"													
				<u>Location</u>				<u>Loc Qty</u>		<u>Loc Code</u>			
				MAT049				5.906					
				123218				5.906					

2.82 *amf 13/11/25*

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Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Offset/Setup									
Process									
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Training									
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FAULT CATEGORY

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FIRST ARTICLE INSPECTION CHECKLIST

10.04.15

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03698				SHEET 1 OF 1	
	DWG NO. 647.0300	REV: N/C	PREPARED BY B. PETERS	DATE: 11/14/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: CHANNEL					
APPROVED BY: ENGR <i>[Signature]</i>		MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE		REASON: ADDED ALTERNATE MATERIAL.			ECR: D-12-016	

IS

1 MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9
ALTERNATE: 7075-T6511 ALUMINUM PER AMS-QQ-200/11

109494 MJS
13-11-22

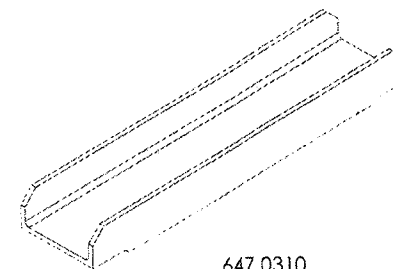
SHEET 1, ZONE A2 IS:

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED: <input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM					CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REV	DESCRIPTION	DATE	APPROVED
1	LAST FACTORY REVISION PER		NIL
2	FINAL RELEASE	03/05/07	A. BRACE

NOTES

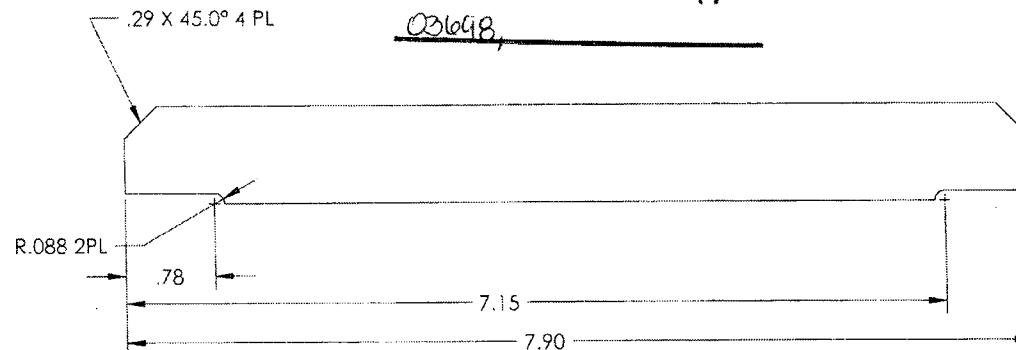
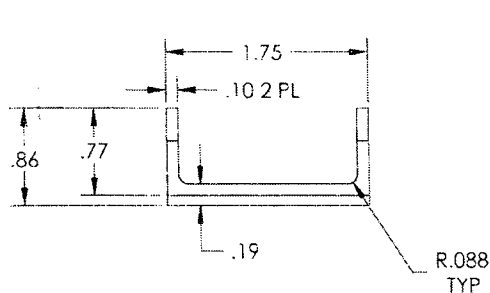
- 1 MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER; PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 DEBURR AND BREAK ALL SHARP EDGES
- 4 IDENTIFY IAW MPP-120



647.0310

UNINCORPORATED ECN(s)

03648,



QTY	FINO #	PART NO.	DESCRIPTION	MATL	SPEC
647.0310			CHANNEL		
PARTS LIST					
NEXT ASSY (S)			APICAL INDUSTRIES		
646.9500			2608 TEMPLE HEIGHTS DR.		
			CULVERSON, CA. 92056-3512 (760) 724-5300		
			CHANNEL		
			647.0300		
			SCALE: NONE		
			SHEET 1 OF 1		



A.T.G. Industries Inc.
731 rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62801

Date: 23-Dec-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
	Certificate of Conformance		
	A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.		
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY		
	DATE : <u>23/12/13</u>		
	CERTIFIED SIGNATURE : <u></u>		
	RECEIVER SIGNATURE : _____		

